



PTO/SB/82 (09-04)

Approved for use through 11/30/2005. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/633,994
Filing Date	08/04/2003
First Named Inventor	Tzong-Wei UEN
Art Unit	2173
Examiner Name	
Attorney Docket Number	1035 01002

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

**OR**

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

**OR**

<input type="checkbox"/> Firm or Individual Name	Leong C. LEI			
Address	PMB#1008, 1867 Ygnacio Valley Road			
City	Walnut Creek	State	CA	Zip
Country	U.S.A.			
Telephone	905 812 9381	Fax	905 286 9781	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Tzong-Wei UEN.</i>		
Name	Tzong-Wei UEN		
Date	February 16, 2005	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (11-04)

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/633,994
Filing Date	08/04/2003
First Named Inventor	Tzong-Wei UEN
Title	Digital notebook
Art Unit	2173
Examiner Name	
Attorney Docket Number	1035 01002

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:  

OR

Practitioner(s) named below:

Name	Registration Number
Leong C. LEI	50402

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Leong C. LEI			
Address	PMB#1008, 1867 Ygnacio Valley Road				
City	Walnut Creek	State	CA	Zip	94598
Country	U.S.A				
Telephone	905 812 9381	Fax	905 286 9781		

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**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Tzong-Wei UEN</i>	Date	February 16, 2005
Name	Tzong-Wei UEN	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/633,994
Filing Date	08/04/2003
First Named Inventor	Shun-Bin LIN
Art Unit	2173
Examiner Name	
Attorney Docket Number	1035 01002

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

**OR**

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

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Customer Number:

**OR**

Firm or  
Individual Name: Leong C. LEI

Address: PMB#1008, 1867 Ygnacio Valley Road

City: Walnut Creek State: CA Zip: 94598

Country: U.S.A.

Telephone: 905 812 9381 Fax: 905 286 9781

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**SIGNATURE of Applicant or Assignee of Record**

Signature: *Shun Bin Lin*

Name: Shun-Bin LIN

Date: February 16, 2005

Telephone: \_\_\_\_\_

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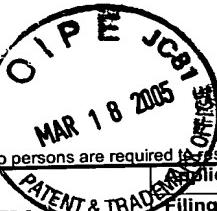
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Leong C. LEI	50402

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Signature	<i>Shun-Bin LIN</i>	Date	February 16, 2005
Name	Shun-Bin LIN	Telephone	
Title and Company			

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